## SOUTH DAKOTA FINANCING STATEMENT – UCC 3 APPROVED STANDARD FORM

Secretary of State 500 E. Capitol • Pierre, SD 57501-5070 • 605-773-4422

Signature(s) of Debtor(s)

Fee \$			
Account #			

## PLEASE TYPE THE INFORMATION ON THIS FORM ACCORDING TO ALL INSTRUCTIONS PRINTED ON THE BACK OF THE UCC 3 FORM

1. SI	ECURED PARTY		RESS inse	ert only one secu	ıred party n	ame (1a or 1b)				
or	1a. ORGANIZATIC							MIDDLE NAM		
1b. INDIVIDUAL'S LAST NAME			FIRS	FIRST NAME			E	SUFFIX		
1c. MAILING ADDRESS			CIT	CITY			POSTAL CODE	COUNTRY		
2. <b>A</b>	SSIGNEE OF SEC		NAME AND	D ADDRESS in:	sert only on	e assignee name	(2a or 2b)	l .		
or	2a. ORGANIZATIO	ON'S NAME								
2b. INDIVIDUAL'S LAST NAME			FIRST NAME			MIDDLE NAM	SUFFIX			
2c. MAILING ADDRESS			CITY			STATE	POSTAL CODE	COUNTRY		
3. <b>D</b>			ME – inser	rt only one debt	or (3a or 3b	) – do not abbrevi	ate or combine names.			ı.
or	3a. ORGANIZATIC	DN'S NAME								
	3b. INDIVIDUAL'S LAST NAME			FIRST NAME			MIDDLE NAM	E	SUFFIX	
3c. MAILING ADDRESS				CITY			STATE	POSTAL CODE	COUNTRY	
3d. T.	AX ID # SSN OR EIN	ADD'S INFO RE ORGANIZATION	3e. TYPE (	OF ORGANIZATION	ON	N 3f. JURSIDICTION OF ORGANIZATION			3G. ORGANIZATIONAL ID#, if any	
4. A	DDITIONAL DEBT	DEBTOR OR'S EXACT FU	LL LEGAL	NAME – insert	only one de	ebtor name (4a or	4b) – do not abbreviate or co	mbine names.		□ NONE
or	4a. ORGANIZATIC		-		,,,,,,,	,	.,			
Oi	4b. INDIVIDUAL'S	LAST NAME			FIRS	ST NAME		MIDDLE NAM	Е	SUFFIX
4c. N	IAILING ADDRESS				CIT	(		STATE	POSTAL CODE	COUNTRY
4d. T.	AX ID # SSN OR EIN	ADD'S INFO RE ORGANIZATION DEBTOR	4e. TYPE (	OF ORGANIZATION	ON	4f. JURSIDIC	TION OF ORGANIZATION	•	4G. ORGANIZATIONAL ID#, if any	□ NONE
THIS	S STATEMENT RE	•	NAI FINAN	NCING STATEN	MENT NO.				(limited to one transact	
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